

CREDIT CARD / ACH PAYMENT AUTHORIZATION

Check One (1) and Enter Your Details

- **Recurring Charge** - You authorize regularly scheduled charges to your credit card or bank account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card or bank statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I, _____, authorize Valley Care DPC to charge my
(Full Name) (Merchant's Name)

Credit Card or Bank Account below for \$ _____ on the _____
(Amount \$) (day)
of each Month
(week, month, etc.)

This payment is for DPC subscription
(Description of Goods/Services)

- **One (1) Time Charge** – Sign and complete this form to authorize the merchant below to make a one-time charge to your credit card or bank account listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I, _____, authorize _____ to charge my
(Full Name) (Merchant's Name)

credit card or bank account indicated below for \$ _____ on _____
(Amount \$) (Date)

This payment is for _____
(Description of Goods/Services)